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 11/27/01 135 U.S. PTO	<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>	Attorney Docket No. <b>P-3236-US</b>
	new nonprovisional applications under 37 C.F.R. § 1.53(b))	First Inventor or Application Identifier <b>STARK, Moshe</b>
		Title <b>PROGRAMMABLE RESOLUTION CMOS IMAGE SENSOR</b>
		Express Mail Label No.

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning patent application contents	<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages 39] (preferred arrangement set forth below)	a. <input type="checkbox"/> Computer Readable Form (CRF)
- Descriptive title of the invention	b. <input type="checkbox"/> Specification Sequence Listing on:
- Cross References to Related Applications	i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or
- Statement Regarding Fed sponsored R & D	ii. <input type="checkbox"/> paper
- Reference to sequence listing, a table, or a computer program listing appendix	c. <input type="checkbox"/> Statements verifying identity of above copies
- Background of the invention	
- Brief Summary of the invention	
- Brief Description of the Drawings (if filed)	
- Detailed Description	
- Claim(s)	
- Abstract of the Disclosure	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 10]	
5. Oath or Declaration [Total Pages 2]	
<input checked="" type="checkbox"/> Unexecuted (original or copy)	
<input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)	
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	

<b>ACCOMPANYING APPLICATION PARTS</b>	
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Power of Attorney
11. <input type="checkbox"/> English Translation Document (if applicable)	
12. <input type="checkbox"/> Information Disclosure Statement(IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
13. <input type="checkbox"/> Preliminary Amendment	
14. <input type="checkbox"/> Return Receipt Postcard (MPEP 5303) (Should be specifically itemized)	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
16. <input checked="" type="checkbox"/> <b>Postcard</b> Other: _____	

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No.: _____/_____
Prior application information: Examiner _____		Group/Art Unit: _____	
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			

<b>18. CORRESPONDENCE ADDRESS</b>			
<input type="checkbox"/> Customer Number or Bar Code		(Insert Customer No. or Attach bar code label here)	
<input checked="" type="checkbox"/> Correspondence address below			
Name	Eitan, Pearl, Latzer & Cohen-Zedek		
Address	One Crystal Park, Suite 210, 2011 Crystal Drive		
City	Arlington	State	VA
Country	USA	Zip Code	22202-3709
Telephone	(703) 486-0600	Fax	(703) 486-8800

Name (Print/Type)	Caleb Pollack	Registration No. (Attorney/Agent)	37,912
Signature		Date	27 November 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

## Complete If Known

Application Number	
Filing Date	
First Named Inventor	STARK, Moshe
Examiner Name	
Group / Art Unit	
Attorney Docket No.	P-3236-US

TOTAL AMOUNT OF PAYMENT (\$)

### METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 05-0649  
Deposit Account Name Eitan, Pearl, Latzer & Cohen-Zedek

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.18 and 1.17  
☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:  
☐ Check ☐ Credit card ☐ Money Order ☐ Other

### FEE CALCULATION

#### 1. BASIC FILING FEE

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	

SUBTOTAL (1) (\$)

#### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from Below	Fee Paid
20** =	X		
Independent Claims	- 3** =	X	
Multiple Dependent	X		

Large Entity Fee Code	Small Entity Fee Code	Fee Description
103 15	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 260	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 15	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*\*or number previously paid, if greater; For Reissues, see above

### FEE CALCULATION (continued)

#### 3. ADDITIONAL FEES

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for <i>ex parte</i> reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 65	Extension for reply within first month	
116 400	216 200	Extension for reply within second month	
117 920	217 460	Extension for reply within third month	
118 1,440	218 720	Extension for reply within fourth month	
126 1,960	226 980	Extension for reply within fifth month	
119 320	219 160	Notice of Appeal	
120 320	220 160	Filing a brief in support of an appeal	
121 280	221 140	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,280	241 640	Petition to revive - unintentional	
142 1,280	242 640	Utility issue fee (or reissue)	
143 480	243 230	Design issue fee	
144 620	244 310	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Petitions related to provisional applications	
126 180	126 180	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 740	246 370	Filing a submission after final rejection (37 CFR 1.129(a))	
149 740	249 370	For each additional invention to be examined (37 CFR 1.129(b))	
179 740	279 370	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

- Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

### SUBMITTED BY

Complete (if applicable)

Name (Print /Type)	Caleb Pollack	Registration No (Attorney/Agent)	37,912	Telephone	(703) 486-0600
Signature		Date	November 27, 2001		

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